

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">B</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div>						SERIAL NO. 09/819336		FILING DATE			
APPLICANT(S)											
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.	
31		28									